



Australian Government

Department of Health

Your Experience of Service

Australia's National Mental Health Consumer Experience of Care Survey – Primary Health Network version

**Guide for licensed PHNs and PHN commissioned
service providers seeking a license to use the
instrument**

Endorsed by

**Australian Health Ministers Advisory Council
Mental Health Information Strategy Standing Committee**

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1 PURPOSE – WHAT THIS DOCUMENT AIMS TO DO

This document has been prepared to provide guidance to Primary Health Networks (PHNs) planning to introduce the *Your Experience of Service Primary Health Network (YES PHN) survey*. The document:

- provides background information on the survey, covering why and how it was developed, its content and structure;
- describes the issues that need to be addressed by organisations considering implementing the survey;
- describes how the survey should be offered to individual consumers;
- outlines the recommended approach to scoring and interpreting survey results; and
- provides details of the arrangements in place for organisations to obtain a licence to use the survey, along with conditions attached to the licence.

2 BACKGROUND TO AUSTRALIA'S NATIONAL CONSUMER EXPERIENCES OF CARE SURVEYS

2.1 Origin

Mental health consumers' experiences of health care have long been identified by services, consumers, carers and families as being important in understanding how health services are performing and to drive service quality improvement. Substantial work has been undertaken in Australia and internationally to establish processes that regularly capture information on the perspectives of consumers and their carers about the health care they receive.

At the national level, there has been strong interest amongst the states and territories in the development of a standardised, national measure of mental health consumer experiences of care which could support quality improvement, service evaluation and benchmarking between services.

In 2010, the Australian Government Department of Health (DoH) funded the National Consumer Experiences of Care project to develop a survey specifically for use in state and territory funded clinical mental health services. This project resulted in the development of the original Your Experience of Service (YES) survey which consists of 35 standard items, structured around four content categories (Experience, Outcomes, Open Ended and Demographics). Additionally, the survey allows for local services to insert questions that cover areas of interest not covered by the existing items.¹

Subsequently, the Your Experience of Service Community Managed Organisation (YES CMO) Survey and the Mental Health Carer Experience Survey (CES) have been developed. These tools are being implemented across the mental health sector.

¹ Department of Health. Your Experience of Service: Australia's National Mental Health Consumer Experience of Care Survey. Canberra: Commonwealth of Australia, 2015

3 PRIMARY HEALTH NETWORKS

The evidence indicates that health systems with strong integrated primary health care at their core are both effective in improving patient outcomes and experiences and efficient at delivering appropriate services where they are needed most. As a result of the Australian Government's commitment to the delivery of an efficient and effective primary health care system, on 1 July 2015 31 Primary Health Networks (PHNs) were established.

PHNs aim to increase the efficiency and effectiveness of medical services for people, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure people receive the right care in the right place at the right time. PHNs will achieve these objectives by working directly with general practitioners, other primary health care providers, secondary care providers and hospitals to facilitate improved outcomes for people.

Seven key priorities for targeted work by PHNs have been identified. These include: mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, digital health, aged care, and alcohol and other drugs.

4 THE NATIONAL YES PHN PROJECT

In 2017, work started on developing a version of the YES survey for Primary Health Networks (PHNs). The Australian Mental Health Outcomes and Classification Network (AMHOCN) was tasked with the development of a version of the YES survey suitable for use by PHNs, with a focus on consumers receiving mental health services and, potentially, alcohol and other drugs (AOD) services. The survey design process included:

- establishment of a project reference group;
- stocktake of the use of experience measures in PHNs;
- development of a draft survey suitable for use in PHNs;
- sector consultation on draft survey; and
- field trial of draft survey.

The project adopted a co-design approach ensuring that the views of PHNs, consumers and carers were driving the identification of the content of the measure.

Working with DoH, AMHOCN contacted all 31 PHNs inviting the nomination of representatives to participate in a project reference group that would support the development of the tool. Representatives from PHNs in Queensland, New South Wales, Victoria, Australian Capital Territory and South Australia participated in the reference group. Following liaison with the National Mental Health Consumer and Carer Forum (NMHCCF), additional consumer and carer representatives were nominated to participate in the reference group.

In order to gain an understanding of current or proposed PHN strategies in the use of experience measures, AMHOCN liaised with DoH to contact all 31 PHNs inviting them to complete an online stocktake survey. The stocktake results identified that the majority of respondents were using a tool, either a customised tool or a member of the YES suite of measures and were using paper or online collection. The data from consumer

experience measures was most commonly used for performance monitoring, program evaluation and quality improvement. The stocktake identified items not currently in the YES suite but seen as important to PHNs, e.g. access, timeliness of service provision, sources of referral, as well as the need to have a tool that had potential for use in alcohol and drug services.

Using the results of the stocktake, the project reference group identified the key elements important to a consumer's experience with a PHN and then reviewed the YES CMO survey as the basis for identifying items that might be used in a YES PHN survey.

Using the draft YES PHN survey, AMHOCN undertook a series of consultations via a two-stage process. Stage one involved face-to-face consultations with PHNs and their stakeholders in Queensland, Victoria and Western Australia. In total, 91 consumers, carers, service providers and PHN staff participated in the consultation sessions. Stage two involved a broader online consultation with PHNs and commissioned service providers. Following the online consultations, and in collaboration with the project reference group, final changes were made to the YES PHN survey.

Field trials occurred between May and July 2019. 6 PHNs participated and surveys were distributed either in hard copy or online. In total 240 responses were available for analysis. The survey demonstrated good internal consistency and satisfactory test-retest reliability.

A more detailed report on the development of the YES PHN survey is available for download on the AMHOCN website.

5 DESCRIPTION OF THE RELEASE VERSION OF THE YES PHN SURVEY INSTRUMENT

5.1 Differences between the YES survey and the YES PHN survey

The survey released for license incorporates a number of changes that were identified as desirable as a result of the review of the YES CMO survey by the project reference group, along with changes that were informed by the consultation process and subsequent field trials. The amendments to the YES PHN survey include the deletion of redundant items (e.g. "You had access to your treating doctor or psychiatrist when you needed" was removed), the introduction of PHN specific items, e.g. "Staff were able to provide information or advice to help you manage your physical health if you wanted" as well as changes to the wording of specific items to better reflect the PHN environment and program types (e.g. the reference to "care" or "treatment" were replaced with "support or care"; "Staff talked with you about your physical health in a way that was useful" was added).

5.2 Naming the instrument

The survey is being released under the title Your Experience of Service Primary Health Networks (YES PHN). Assigning a national name to identify the survey instrument by organisations is considered essential to promote consistent use. A condition of the license arrangements includes the requirement that the title be used in all local versions of the survey instrument.

5.3 Introductory wording to be added to YES PHN survey

Alongside the requirement for the survey instrument to be named consistently, a set of standard words should be used on all forms to orient the consumer to the survey aims and conditions. These are shown below.

Your feedback is important. This questionnaire was developed with service consumers. It aims to help providers and consumers to work together to build better services. Completion of the survey is voluntary. All information collected in this survey is anonymous. None of the information collected will be used to identify you. It would be helpful if you could answer all questions, but please leave any question blank if you don't want to answer it.

5.4 Number and sequencing of items

The 26-item survey is structured into four sections:

Section 1 includes the experience items. This section includes 9 items measured on a five-point frequency scale (never, rarely, sometimes, usually, always).

Section 2 includes a further 7 items measured on the performance scale (poor, fair, good, very good, excellent). 3 of these items are about the consumer's experience and 5 are consumer reported outcomes.

Section 3 includes two open-ended questions to elicit positive and negative experiences with the service.

Section 4 includes demographic items or *explanatory variables*. This section includes items to identify the source of referral, the consumer's sense of being involved in the selection of the service and the source of any assistance in completing the survey. This can then be used to weight for any effects identified on the data.

The survey allows for the inclusion of local or service-specific additional questions. This may be ad hoc or used over a number of administrations of the survey. These additional questions should be inserted after section 2 (i.e. before the open-ended questions). Insertion of the additional questions at this point means that there is no order effect on the independent or dependent variables.

5.5 Rating scales used for recording responses to the survey

The YES PHN survey uses two five-point Likert-style rating scales for consumers to record their response to the individual items:

A frequency scale (never, rarely, sometimes, usually, always) is used for the experience questions (or independent variables) in this survey (C-1 to C-9 of Table 2). This is a positively weighted scale (two negative points and three positive points) to improve the distribution of responses which are known to be positively skewed. With the removal of categorical codes available for some items measured on this scale (i.e. don't know and not applicable) this is an ordinal scale.

A performance scale (poor, fair, good, very good, excellent) is used for items C-10 to C-12 (see Table 2), plus the outcome variables (C-13 to C-16 of Table 2), including the main independent variable, overall experience (C-16). Again, this is a positively weighted scale (two negative points and three positive points) used to 'normalise' the distribution of responses which are known to be positively skewed. This is an ordinal scale.

The scales are presented in the survey in a semantic rather than numeric form – that is, the response options offered to the consumer use only words as anchor points rather than assigning numbers to any rating category. This was designed to ensure that consumers are asked to respond to well-understood concepts, rather than just 'ticking a number'. However, the scales were found to have strong numeric properties, meaning that they can be used to generate a score that allows the survey data to be analysed quantitatively.

The demographic items are included in the YES PHN survey to help explain the results achieved by the service. For example, do some groups of consumers have different experiences than other groups of consumers? This will help the service target quality improvement initiatives to specific populations. The demographic items can also be used to identify changes in results over time that relate to changes in the characteristics of consumers rather than service provision.

5.6 Domains covered by the YES PHN survey items

The YES PHN survey was developed from the YES and YES CMO surveys. The historical development of the YES survey is detailed in the YES Guidance for Licensed Organisations. Consideration was given to reporting and understanding the results of the collection of the YES suite and a set of domains that underpin reporting was identified. A domain is a collection of items that reports on a single construct. The domains are consistent across the suite of experience measures - YES, YES CMO, YES PHN surveys and the Carer Experience Survey (CES).

The YES PHN survey therefore covers 6 broad domains:

- *Making a difference*
This domain describes how the service contributed to outcomes for individuals. It includes social and emotional wellbeing and physical health.
- *Providing information and support*
This domain describes how the service works for the individual. It includes resources such as written information, a care plan, and access to peer support.
- *Valuing individuality*
This domain describes how the service meets individual's needs. It includes sensitivity to culture, gender and faith and the importance of personal values and beliefs.
- *Supporting active participation*
This domain describes how the service provides opportunities for engagement, choice and involvement in the process of service delivery.

- *Showing respect*
The domain describes how the service provides the individual with a welcoming environment where they are recognised, valued and treated with dignity.
- *Ensuring safety and fairness*
This domain describes how services provide individual's with a physically and emotionally safety environment.

Table 1 shows how each of the 16 experience and outcome items are mapped to the domains.

Table 1: Questions mapped to policy domains

| Policy domains covered by the 23 'experience' questions¹ | Number of items primarily mapped to this domain | Survey questions that primarily map to the domain |
|--|--|--|
| Making a difference | 4 | Q.13, Q.14, Q.15, Q.16 |
| Providing information and support | 3 | Q.10, Q.11, Q.12 |
| Valuing individuality | 3 | Q.5, Q.6, Q.9 |
| Supporting active participation | 2 | Q.3, Q.4 |
| Showing respect | 2 | Q.1, Q.8 |
| Ensuring safety and fairness | 2 | Q.2, Q.7 |

Table 2 identifies the questions that make up the survey, the response type, variable type and domain.

Table 2: YES PHN survey items

| Item sequence | Technical reference # ² | Question | Response type | Type of variable | Domain |
|---|------------------------------------|---|-------------------|------------------|-----------------------------------|
| Stem: Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas? | | | | | |
| 1 | C-1 | 1. You felt welcome using this service | Frequency scale | Experience | Showing respect |
| 2 | C-2 | 2. You felt safe using this service | Frequency scale | Experience | Ensuring safety and fairness |
| 3 | C-3 | 3. You had access to this service when you needed | Frequency scale | Experience | Supporting active participation |
| 4 | C-4 | 4. You had opportunities for your family and friends to be involved in your support or care if you wanted | Frequency scale | Experience | Supporting active participation |
| 5 | C-5 | 5. Staff were able to provide information or advice to help you manage your physical health if you wanted | Frequency scale | Experience | Valuing Individuality |
| 6 | C-6 | 6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.) | Frequency scale | Experience | Valuing Individuality |
| 7 | C-7 | 7. This service listened to and followed up on feedback or complaints | Frequency scale | Experience | Ensuring safety and fairness |
| 8 | C-8 | 8. The service respected your right to make decisions | Frequency scale | Experience | Showing respect |
| 9 | C-9 | 9. The support or care available met your needs | Frequency scale | Experience | Valuing Individuality |
| 10 | C-10 | 10. Access to a peer worker/ lived experience worker, if you wanted | Performance scale | Experience | Providing Information and Support |
| 11 | C-11 | 11. Information available to you about this service (such as how the service works, your rights and responsibilities, how to give feedback, etc.) | Performance scale | Experience | Providing Information and Support |

² For technical reference purposes, these items are referred to as C-1 to C-16. The core questions (C1-C16) must be positioned as the first, in the order provided, to standardise order effects. Any additional local or service-specific items should follow. Technical reference numbers assigned to each item of the survey are intended for 'behind the scenes' use and not for display on printed or on-screen versions of the survey. It is possible that new questions may be included in future versions of the survey to update the content, capture local issues or new policy directions. To assist in managing this process, the technical reference numbers are designed to allow cross-mapping of items between versions.

| Item sequence | Technical reference # ² | Question | Response type | Type of variable | Domain |
|---------------|------------------------------------|--|-------------------|------------------|-----------------------------------|
| 12 | C-12 | 12. Development of a plan with you that considered all of your needs (including support, coordination and follow up) | Performance scale | Experience | Providing Information and Support |
| 13 | C-13 | 13. The effect of this service on your hopefulness for the future | Performance scale | Outcome | Making a difference |
| 14 | C-14 | 14. The effect of this service on your skills and strategies to look after your own health and wellbeing | Performance scale | Outcome | Making a difference |
| 15 | C-15 | 15. The effect of this service on your ability to manage your day to day life | Performance scale | Outcome | Making a difference |
| 16 | C-16 | 16. Overall, how would you rate your experience with this service in the last 3 months? | Performance scale | Outcome | Making a difference |
| 17 | C-17 | 17. My experience would have been better if . . . | Open-ended | Comment | N/A |
| 18 | C-18 | 18. The best things about this service were . . . | Open-ended | Comment | N/A |
| 19 | C-19 | 19. What is your gender identity? | Categorical | Demographics | N/A |
| 20 | C-20 | 20. What is the main language you speak at home? | Categorical | Demographics | N/A |
| 21 | C-21 | 21. Are you of Aboriginal or Torres Strait Island origin? | Categorical | Demographics | N/A |
| 22 | C-22 | 22. What is your age? | Ordinal | Demographics | N/A |
| 23 | C-23 | 23. How long have you been receiving support or care from this service? | Ordinal | Demographics | N/A |
| 24 | C-24 | 24. Who referred you to this service? | Categorical | Demographics | N/A |
| 25 | C-25 | 25. How involved were you in choosing this service? | Ordinal | Demographics | N/A |
| 26 | C-26 | 26. Did someone help you complete this survey? | Categorical | Demographics | N/A |

5.7 Local or service-specific items

Additional questions can be included in the YES PHN survey if required. There is no set format for these items but it is recommended that the approach used adopt one of the existing measurement scales rather than introduce another set of response options. If a new set of response options is used, the preamble to the items and formatting should be designed to highlight the change.

It is recommended that the number of additional items be kept to a minimum to reduce overall response burden. Significantly increasing the number of questions can impact upon the response rate i.e. fewer people will start and/or complete the survey.

Any additional items added to the survey should be positioned following the first 16 'standard' items. This placement is designed to ensure that any new items added do not affect responses to those items. For reference purposes, service-specific items are referred to as S-1 to S-n, where n equals the number of items added.

6 ISSUES FOR ORGANISATIONS TO CONSIDER BEFORE IMPLEMENTING THE YES PHN SURVEY

This section of the document covers the range of design issues organisations will need to address when considering a planned implementation of the YES PHN survey within contracted services. There are multiple aspects to be considered when approaching implementation. These include: what services should be in scope, the approach to sampling, the period over which survey data collection occurs, the mode of survey administration, the frequency of data collection and whether any additional content will be added to the 'standard' survey questions. Each of these is considered below.

The issues canvassed are not intended to be exhaustive, nor are the approaches outlined intended to be prescriptive. Organisations will need to develop solutions to each of the issues that suit their circumstances and meet the objectives they are pursuing through use of the survey.

6.1 Scope of services to be covered

When making decisions about the scope of services being covered, it is important to note that:

- The public release version of the survey was developed for use across PHN's mental health services. A single version is released, with all items having been tested as suitable for use.
- The licence agreement conditions are permissive, allowing licensed organisations to add items that are of interest to the organisation under an identifiable 'additional questions heading'.

The YES PHN survey, like the original YES measure, was not specifically tested on a range of different service users such as young or older people, culturally and linguistically diverse communities or Aboriginal and Torres Strait Islander communities. However, the original YES measure is being collected from these groups and has been found to be suitable for purpose. The expectation is that experience with the use of the YES PHN survey will give a greater understanding of the results of the survey with a variety of different groups.

6.2 Approach to sampling

The YES PHN survey was developed to be a self-completion survey administered to consumers at the start of a quality improvement cycle, for example every six months or annually. However, organisations intending to introduce the survey will need to decide their approach to sampling and aggregating responses. The main decisions to be made concern how the survey will be administered (e.g. mail, face to face, etc) and whether administration will be routine or annual.

A range of approaches is available, each with different administrative implications:

- The YES PHN survey can be implemented on an ongoing basis where all consumers are routinely offered the survey at pre-determined points in the service provision cycle (for example, all consumers are offered the survey after the consumer has received 3 months of care, or at regular reviews, at discharge of the consumer or annually for ongoing relationships).
- Alternatively, the YES PHN survey could be implemented on a comprehensive annual census basis, where all consumers seen over a given period (e.g. the last three months) are offered the survey. Annual administration allows sufficient time to identify improvements, implement changes and for those changes to be experienced by consumers.
- The YES PHN survey could also be implemented on a selected sample basis, where only a defined proportion of all consumers are offered a survey (for example, one in every 10 consumers are randomly selected to participate). A cautionary note to add here is that, typically, many consumers are keen to share their experiences. Sampling or screening based on consumer characteristics or a random selection process may appear as exclusionary to those people who are not invited to participate.

The sampling options are numerous. The key considerations for organisations are to select an approach that:

- ensures consumers cannot be identified;
- ensures consumers completing the survey are representative of the total population of consumers associated with the organisation;
- is sustainable over the longer term (to enable changes over time to be monitored);
- provides minimal response burden on the consumer; and
- ensures the data can be readily aggregated and used within the organisation.

6.3 When to offer the survey

The collection points at which the survey is offered to consumers depend on the sampling approach taken by the organisation and the service setting in which the survey is administered. Where the survey is being implemented as part of routine practice (that is, offered to all consumers), development of a local protocol should be undertaken that specifies the points in the care pathway at which the survey should be offered. For example, in community settings, the local protocol could specify that the survey should be offered three months after admission or at discharge (whichever comes first). Where there is an ongoing relationship, consumers could be offered an annual survey. The important requirement is that a local protocol should be developed that ensures consistency across the organisation and that every consumer has an equal opportunity to receive a survey *irrespective of their level of contact with the organisation*.

Where the survey is being implemented periodically rather than as part of routine service delivery, equivalent decisions need to be made about when the survey is offered to consumers. For example, in community settings, the local protocol could specify that the survey is offered to all consumers who have received a service in the last three months.

6.4 Mode of administration

The YES PHN survey was designed as an instrument to be *visually presented* to consumers and has not been tested in other presentation modes (for example, auditory presentation via telephone or other interviewing techniques). Visual modes present the response scales to the consumer in a way that allows them to see the options all-at-once and record their responses. This can be achieved by paper-based forms or via electronic means through surveying on a computer tablet, or on-screen formats.

Organisations implementing the survey will need to resolve the presentation mode to be used, noting that the preferred mode is visual until additional modes are tested.

6.5 Adding content to the survey

The YES PHN survey allows for organisations to add items to the survey content from time to time that are designed to address local issues of interest. As noted earlier, these items should be positioned at the end of the core items before the open-ended questions so that responses to core items are not affected by the presentation of the new items. Ideally, any additional items should use the same response scales that are used in the existing items and be kept to a minimum (recommended maximum of five additional items).

6.6 Consent issues

As a research project, the national field trial study was required to obtain clearance by a National Health and Medical Research Council (NHMRC)-approved ethics committee. This is not required where PHNs are using the YES PHN survey for quality improvement purposes.

6.7 Maximising response rates

Response rate is the term used to describe the relative number of completed surveys received as a proportion of those that were expected to have been offered the survey. Understanding response rates for any survey is critical to interpreting the representativeness of the results and the extent to which they can be generalised to the population.

Careful consideration needs to be given by organisations to developing an implementation approach that maximises participation and response rates. The protocol used for inviting individual consumers to complete the survey is most critical and is covered in section 7. There are also system-wide elements of implementation that need to be considered by the organisation. These include, for example:

- establishing suitable governance arrangements that provide a central point for coordination and monitoring the progress of the survey;
- ensuring any people offering the survey are fully trained in the local survey protocols and techniques to avoid influencing the results;

- monitoring the implementation of the YES PHN survey by different contracted services and giving them feedback;
- including consumer and peer workers (where available) in all aspects of the survey planning, promotion and implementation to promote ownership and ensure that the approach taken is responsive of local consumer views;
- establishing PHN wide processes to promote the survey through staff and provider briefings and educational material;
- preparation of brochure and promotional material to raise awareness of the survey and its aims with consumers; and
- routinely making available the aggregated survey results to all stakeholder groups at regular periods.

There is no expected response rate for the YES PHN survey; although if PHNs are going to use the aggregated results for quality improvement, a 50% response rate (of those offered the survey) is generally considered very good. However, it is also important to ensure the sample is representative by comparing the characteristics of the sample to the population of consumers at the organisation (if known).

6.8 Managing risk

At times consumers may add responses to surveys that raise issues that have legal or safety implications. For example, a consumer may report a provider as engaged in illegal activity, or make a serious complaint. PHNs should establish appropriate governance arrangements to manage and respond to such occurrences. The information sheet prepared for consumers should also emphasise that the survey is not for lodging complaints or raising allegations, and alert consumers to the existing complaint mechanisms in place.

7 USING THE YES PHN SURVEY WITH INDIVIDUAL CONSUMERS

How the survey is offered to individual consumers is crucial to achieving participation. Additionally, for comparisons between and within PHNs to be accurate and fair, it is essential that surveys are carried out using comparable procedures. This section outlines the recommended protocol for organisations embarking upon use of the YES PHN survey.

7.1 How should consumers be invited to complete the survey?

The key to achieving a high response rate will be the manner in which the surveys are offered to consumers, particularly the extent to which they feel that the PHN or service provider values their feedback. One way PHNs can demonstrate that they value feedback is to commit to sharing the aggregated results of the survey with consumers and showing how the organisation will address the key survey findings. Organisations may choose to publish a summary report on their website, distribute results in a newsletter or use posters to highlight the highest and lowest areas of experience and how consumers can get involved to help improve the latter.

Different methods of survey administration have different strengths and weaknesses:

- Mail surveys ensure that all consumers have equal opportunity to receive a survey, including those consumers who do not regularly attend a facility or have contact with staff. However, this assumes that the organisation has contact details for all consumers and that consumers have a reasonable level of literacy. Furthermore, mail surveys can have a low response rate. The response rate can be improved by sending out a priming letter and following up with reminder/thank-you letters.
- Face to face surveys may achieve a better response rate of those offered a survey, but are usually only available to those consumers who have direct contact with the organisation. It is also important to ensure that the person offering the survey is not directly involved in supporting the consumer, and that they do not inadvertently influence the results. All people offering the survey should be fully trained before they commence. Generally, this is a much preferable though more expensive method of surveying than a mail survey.

The processes used when offering and collecting the survey need to achieve three objectives:

- emphasise the voluntary nature of the survey;
- reinforce the confidentiality and anonymity of responses; and
- promote how the survey can be used to help the organisation improve the experience for all consumers.

7.2 Should a fact sheet be prepared for consumers?

Good practice dictates that a summary statement of the aims the survey be prepared for all consumers invited to participate which also addresses the basic issues of confidentiality, the voluntary nature of participation, and where to obtain any additional information.

A draft consumer information sheet is provided at Appendix A that can be used by organisations as a basis for their local fact sheets.

7.3 What should be said to the consumer?

Organisations should also prepare a standard set of words that can be used by staff when introducing the survey to consumers. The words used will depend on the implementation approach adopted by the organisation. The script below provides an example of what might be drafted by organisations. The language is somewhat formal in expression. As staff become familiar with what needs to be said, it is expected that they will be able to convey the essential points convincingly in their own words. Begin by stating that:

“I’d like to invite you to complete a survey that asks your views about the quality of the services and care provided by this organisation. Your feedback will be highly valued.

Your Experience of Service is a new survey that has been developed with lots of input from mental health consumers. It is about your experiences of care in this service. By completing the survey you can provide feedback on what’s been good and what’s not been so good about your experience. Your experiences are important. The information obtained from the survey will be used to help us work together to improve services.

It's voluntary and completely confidential. No one, including staff at this service, will know whether or not you completed the survey. They will only get overall results based on all the responses to the survey. The service will only get the survey results so that they can improve this service based on your feedback.

This form explains a bit more about the survey [give brochure/information sheet]. You can keep this, and take some time to read it now or take it with you to read later if you like. It includes more information about why we're doing the survey, and has some contact numbers if you want to ask questions later on.

Then clearly explain to the person what they should do with their completed survey. It is likely that some consumers will ask more detailed questions about the survey and the use of the results. It is important that the person offering the survey be familiar with the aims, and in a position to answer any questions asked.

7.4 Can assistance be provided?

Assistance can be provided to consumers to complete the survey. Assistance should be limited to reading out the questions, explaining words unfamiliar to the consumer and/or writing the consumer's responses. In many cases, it will be found that simply hearing the question read out loud can help the consumer form a clear understanding of what is meant with no further comment being needed. Under no circumstances should the person offering the survey provide or influence answers on behalf of the consumer or rephrase the question. Where the consumer requires assistance, if at all possible the person who assists should be someone who has not been involved in the direct care of the consumer.

Even where assistance is being provided, the consumer should always be given a copy of the survey to work through, as the survey has been designed for visual administration and an interview-style of administration may affect the results.

A specific item is included in the survey to indicate whether assistance was provided to the consumer.

7.5 Should some consumers be excluded?

The YES PHN survey was specifically built for use in PHN mental health services. While the survey was not specifically tested on the breadth of mental health populations, such as young people, culturally and linguistically diverse communities or Aboriginal and Torres Strait Islander communities, there are no prima facie reasons that consumers in any of these groups should be excluded from the survey offering process. In fact, use of the survey with these groups will provide valuable evidence about how to improve the survey to better capture the views of these consumers.

Organisations should aim to offer the survey to as many consumers as possible, recognising that care should always be exercised to not cause distress. Judgement will need to be exercised by those offering the survey to consumers to determine whether presentation of the survey at this time could cause distress (e.g. if the consumer has experienced an adverse event, or the consumer is unwell).

7.6 Is formal consent required?

By completing the survey, the consumer is implicitly giving their consent for the information they are providing to be used by the organisation. In most instances, it is expected that implementation of the survey will be for service improvement purposes rather than research. As such, the formal consent requirements stipulated in the National Health and Medical Research Council guidelines for human research are not required.

7.7 Should we follow-up consumers who have not responded?

Participation in the survey is voluntary and consumers should not feel pressured to complete a survey. It is also important that consumers are confident that the survey is anonymous; you should not be able to identify who has and who has not completed a survey.

8 USING AND INTERPRETING SURVEY RESULTS

This section provides general guidance on how PHNs can use the information collected from the survey to explore patterns, compare performance to other PHNs or identify patterns or trends in the performance of commissioned service providers over time.

8.1 Individual item analysis

Assigning numeric values to consumer responses to individual survey items will facilitate item-level analysis. The item values for the scales were demonstrated in the original YES development work to have sufficient numeric properties to allow scores to be assigned to responses. Table 3 shows the scores assigned to the two scales used in this survey.

Table 3: Assigning numeric values to the Frequency and Performance scales

| Scale | Numeric value to be assigned | | | | |
|-------------------|------------------------------|--------|------------|-----------|-----------|
| | 1 | 2 | 3 | 4 | 5 |
| Frequency scale | Never | Rarely | Some-times | Usually | Always |
| Performance scale | Poor | Fair | Good | Very Good | Excellent |

The most basic use of the survey data is to undertake analysis at the individual item level. This involves examining aggregate responses to each item, usually based on simple frequencies or averages. For questions measured on the five-point scales, frequencies can involve summing top-two (excellent or very good) or bottom-two responses (poor and fair) as shown on Table 4. Alternatively, a simple average of the items may be reported.

For frequencies and mean, both of which require the exclusion of non-scaled codes, 'don't know', 'not applicable' and missing data should be reported separately so that results are comparable between items.

Table 4: Example of how the YES PHN survey can be used for individual item analysis

| Item | Question | Percent consumers responding 'excellent' or 'very good' | Percent consumers responding 'poor' or 'fair' | Average response (out of 5) |
|------|--|---|---|-----------------------------|
| C-5 | Staff were able to provide information or advice to help you manage your physical health if you wanted | 55% | 35% | 3.91 |
| C-6 | Your individuality and values were respected (such as your culture, faith or gender identity, etc.) | 65% | 20% | 4.23 |

Analysis of individual items can assist PHNs or PHN service providers by focusing on specific areas of service delivery that are perceived as problematic by consumers.

8.2 Can an overall experience index be derived from the survey?

Individual item analysis provides useful insights into how the organisation is perceived by its consumers across the full range of areas covered by the survey, but has limitations. Typically, organisations look for ways to summarise the data into an overall index of performance that can be used for simple comparisons between organisations or over time.

First, note that the proposed approach generates two rather than one single summary score - one for the Experience group of items and the second for the Outcome items group. It is not sensible to add the two into a single score because the underlying scales measure different attributes.

Step 1: Assign numeric values to consumer ratings

Table 3 above shows the scores assigned to the scale values in the two item groups.

Step 2: Sum the total scores for the Experience and Outcome items separately

The total sum of numerically assigned values for each of the Experience items (C-1 to C-12) and Outcome items (C-13 to C-16) should be added separately to yield two overall scores. Table 5 shows the score range possible for the two item groups.

Table 5: Score range for the Experience and Outcome item groups

| Scale | Domains | Number of items | Minimum score | Maximum score |
|------------------|--|-----------------|---------------|---------------|
| Experience items | Providing information and support Valuing individuality Supporting active participation Showing respect Ensuring safety and fairness | 12 | 12 | 60 |
| Outcome items | Making a difference | 3* | 3 | 15 |

* Suggested total score for the Outcome items covers only items C-13 to C-15. Item C-16 ('Overall, how would you rate your experience with this service in the last 3 months?') is excluded because it captures overall experience rather than the consumer's views about the effect the service had on outcomes.

** Note: this same approach is used to calculate the YES CMO survey

Step 3: Create an index for reporting purposes.

This third and final step has been approached in two ways using the results of the YES survey for the purposes of reporting organisational performance. The experience of service score for each respondent is equal to the average response of experience items (in the case of the YES PHN survey items C1–13) multiplied by 20. The resulting overall score converts the individual question responses into a score out of 100.

For the purpose of monitoring consumer experience of service under the Fifth National Mental Health and Suicide Prevention Plan, the index for the YES survey is the proportion of respondents with an experience of service score over 80. In practice, to achieve this score, the consumer would have to rate their experience as "very good" or "excellent" for each item. There is no reason a similar approach could not be taken with the YES PHN survey. With greater experience with the use of the survey, alternative approaches to the creation of an index may be developed.

8.3 Dealing with missing data

Missing, invalid or duplicate answers should be recoded as null. YES PHN survey returns with less than 6 of the first 13 questions completed should be excluded from analysis.

8.4 Can scores for different domains be generated?

While total scores have intrinsic value, they can hide important patterns. For example, poor performance by a service provider in a particular area can be masked by good performance in another, generating an overall 'average' performance score. When that service provider compares itself to other 'like' service providers, they both might have similar overall scores but very different patterns of performance. These differences are important to explore in a service quality improvement environment and point to the need to unbundle overall scores to their various components.

An additional benefit in breaking down total scores to component parts is that service provider groups are more engaged with the detail than is hidden in 'bottom line' scores.

The approach outlined above can also be used to yield a total standard score (percentage maximum possible score) for each of the six experience of services domains, using as the denominator in the formula the maximum score possible for each of the domains as shown in Table 6.

Table 6: Score range for the six Experience domains

| Domains covered by the 12 'experience' and 4 'outcome' questions | Number of items primarily mapped to this domain | Survey questions that primarily map to the domain | Minimum Score | Maximum score |
|--|---|---|---------------|---------------|
| Making a difference* | 4 | Q.13, Q.14, Q.15, Q.16 | 4 | 20 |
| Providing information and support | 3 | Q.10, Q.11, Q.12 | 3 | 15 |
| Valuing individuality | 3 | Q.5, Q.6, Q.9 | 3 | 15 |
| Supporting active participation | 2 | Q.3, Q.4 | 2 | 10 |
| Showing respect | 2 | Q.1, Q.8 | 2 | 10 |
| Ensuring safety and fairness | 2 | Q.2, Q.7 | 2 | 10 |

* The items that comprise the Making a Difference domain do not contribute to the overall Experience score.

8.5 Using YES PHN survey data for quality improvement

The use of the YES PHN survey to support quality improvement can occur at a number of levels within an organisation. For example, Table 6 describes the different stakeholders and how they could use the results of YES PHN reporting.

Table 6: Use of survey results by stakeholders

| Stakeholder | Use of data |
|--------------------------------|---|
| Consumers | Understand the experience they could expect from services, their degree of involvement in service delivery, the outcomes of the services received. |
| Carers / parents | Understand the experience their partner, family member or friend could expect, acknowledgement of their individuality, the outcomes of care. |
| Commissioned service providers | Support service provider quality improvement activities by providing information on how consumers experience their service. |
| PHNs | Understand variation in the services being provided by different commissioned service providers, identifying areas of good practice and disseminating this information. |
| National | Understand variation in the experience of service provision being provided by different PHNs and their commissioned service providers. |

In the academic literature, policy and practice, the importance of consumer (and carer) experience is recognised in driving quality improvement. The YES PHN survey has a role to play here by providing one method of collecting feedback on consumer experience. The challenge for PHNs is to decide how to engage with consumers and service providers after the data is collected. It is important to remember that getting the survey results is the start of the process, not the end. The purpose of the survey is to highlight areas that should be discussed and review with consumers. This engagement with consumers and service providers is an important part of the quality improvement process. Table 7 below identifies different types of consumer engagement in the review of survey results.

Table 7: Consumer engagement



| | Type of engagement | Example of activities | Implied view of the consumer |
|--|--------------------|---|---|
| | Co-produce | Consumers are involved in implementing activities resulting from the review of the survey findings. | Consumers are seen as leaders in the design, planning, delivery and evaluation of mental health services. |
| | Co-design | Consumers are involved in the survey governance process, including participation in decision making about activities resulting from the review of the findings. | Consumers are seen as active contributors to decision and governance processes. |
| | Consult | Consumers are asked for their opinions and perspectives of the survey results and how the service could be improved. | Consumers are seen as stakeholders with a unique perspective to share. |
| | Inform | Survey results are shared with consumers through posters, newsletters, presentations and reports. | Consumers are seen as recipients of information. |

9 LICENSING ARRANGEMENTS

A licensing process has been set up to enable Primary Health Networks to use the YES PHN survey for specified purposes. These arrangements were developed in recognition that there is considerable interest in PHNs in trialling or implementing the survey. The arrangements are designed to promote consistency of use and discourage unnecessary modification to the tool. This minimises the risk that multiple and varied versions with no comparability are produced following public release. The licence also aims to prevent use of the instrument for profit.

A copy of the licence³ is available at <https://www.amhocn.org/your-experience-service-surveys>. The sections that follow summarise its main components.

9.1 Who can obtain a licence?

PHNs can obtain a licence to use the survey. Authorised use is tied to specific service entities identified when the licensee completes the online application form. Limitation of the scope to specific service entities is believed appropriate, as opposed to an individual person being licensed to use the instrument in any organisation or setting.

The Agreement is designed for licensing a single organisation or multiple organisations. A PHN might wish to request a licence for all its commissioned service providers or it might ask them to individually apply for a licence. In all cases, the names of the organisations are required in order to identify the particular entity or entities.

9.2 What are the specified uses allowed by the licence agreement?

The licence is for defined purposes, as set out in clause 3.2 of the Agreement – specifically, organisations are licensed to use the YES PHN survey for:

- “... the purpose of undertaking regular or ad hoc surveys of the experience of consumers of the Service Organisations and Additional Service Organisations” as identified; and
- “...to produce Results derived from such surveys for the purpose of internal or external reporting and publication”.

9.3 What conditions are specified in the licence agreement?

Clause 4 of the Agreement outlines a number of conditions. In summary:

- Licensed organisations are permitted to use the YES PHN survey in the format as shown in Appendix B of this document or to place it within a different form created by the licensee but only if no changes are made to:
 - the wording of individual items;
 - the name of the survey, in particular the heading ‘Your Experience of Service’ must be retained;

³ The actual instrument used is technically referred to as a ‘sub-sub-licence agreement’ because this more accurately reflects the powers of the Department of Health under the original funding agreement with Victoria. However, for the purpose of improving readability, it is referred to as ‘licence’ or ‘Agreement’ throughout this document.

- the ordering of items; or
- the response options to each item.

9.4 What conditions are specified in the licence agreement?

Clause 4 of the licence agreement outlines a number of conditions. In summary:

- Licensed organisations are permitted to use either the YES PHN survey in the format as shown in Appendix B of this document or to place it within a different form created by the licensee but only if no changes are made to:
 - the wording of individual items;
 - the name of the survey, in particular the heading ‘Your Experience of Service’ must be retained;
 - the ordering of the items; or
 - the response options to each item.
- Licensed organisations are permitted to make the following specified modifications:
 - remove items that are not relevant to the service setting in which the survey is used;
 - add a local or jurisdictional logo or other form of agency identification;
 - add items that are of interest to the organisation under an identifiable ‘additional questions heading’; and
 - make technical and formatting changes that are necessitated by the choice of medium chosen by the organisation.
- Licensed organisations are required to:
 - refer to the survey as the Your Experience of Service Primary Health Network survey on all forms, as appropriate;
 - include an acknowledgment on all survey forms by adding the following words:

“© 2019 The Secretary to the Department of Health (Vic) developed with funding from the Australian Government Department of Health.”
 - use the survey for non-commercial purposes only;
 - maintain communication and share experience of use of the survey with the Australian Mental Health Outcomes and Classification Network (AMHOCN). Licensed organisations also are required to provide AMHOCN with copies of any published reports prepared from use of the survey;
 - ensure that officers and employees of the organisation who will be using the survey are made aware of this Agreement and its contents; and
 - not further sub-sub-sub-license the survey to a third party, but are permitted to allow a Service Organisation to make copies of, reproduce and download the survey (whether in electronic form, hard copy or both).

9.5 Who issues the licence?

While Intellectual Property rights over the YES suite of surveys is held by Victoria, the terms of the funding agreement between Victoria and the Commonwealth Department of Health provided to the Commonwealth “a perpetual, irrevocable, royalty-free and licence fee-free, world-wide, non- exclusive licence (including a right of sub-licence) to use, copy, modify, publish, communicate and exploit the survey

instrument.” The Victorian and Commonwealth Governments therefore each have the right and authority to set conditions on the public release of the survey instrument.

For the national release of the instrument, licences will be issued by the Australian Mental Health Outcomes and Classification Network.

9.6 What is the process for obtaining a licence?

The licensing process has been designed to be as streamlined as possible and will be managed on behalf of the Australian Government Department of Health by the Australian Mental Health Outcomes and Classification Network. Licence application forms and copies of the licence agreement can be downloaded from <https://www.amhocn.org/your-experience-service-surveys>.

A range of other resource materials is also available on the website.

9.7 Is there a licence fee?

The YES PHN survey is being released with no fees charged to licensed organisations.

10 FURTHER INFORMATION

More information on the development of the YES PHN survey is available at: <https://www.amhocn.org/your-experience-service-surveys>.

APPENDIX A: SUGGESTED WORDING FOR CONSUMER INFORMATION SHEETS

1. What are Primary Health Networks?

Primary Health Networks (PHNs) are organisations that take a person-centred approach to medical services in their regions, commissioning health services to meet the identified and prioritised needs of people in their regions and address identified gaps in primary health care. They work closely with general practitioners (GPs) and other health professionals to build health workforce capacity and the delivery of high quality care and they work collaboratively within their regions to integrate health services at the local level.

2. What is the Your Experience of Service Primary Health Network survey?

The Your Experience of Service Primary Health Network (YES PHN) survey is designed to gather information from consumers about their experiences of care with services commissioned by PHNs. It aims to help PHNs, their commissioned services and consumers to work together to build better services.

The YES PHN survey was developed in consultation with mental health consumers. It is based on the recovery principles of the 2010 National Standards for Mental Health Services. The project to develop the YES PHN survey was funded by the Australian Government Department of Health, and was led by the Australian Mental Health Outcomes and Classification Network (AMHOCN). A trial of the questionnaire occurred in 2019. More information about the YES PHN survey project can be found at: <https://www.amhocn.org/your-experience-service-surveys>.

3. Are my answers confidential?

The YES PHN survey does not record your name, date of birth or any other personal identifiers such as your medical record number. Your answers will not be used to identify you.

4. Where can I get help to complete the YES PHN survey?

Feel free to ask a friend, family member, carer or staff including a Consumer Worker to help you complete the YES PHN survey.

5. What do I do with my YES PHN survey when I have finished?

Follow the instructions you received with the survey. This might include online completion, posting the survey using a reply-paid envelope or putting your completed survey in a collection box at the service.

6. What will happen to my feedback?

Many PHNs and their commissioned services across Australia are using the same survey which will help us to develop better services regardless of where you live. Your feedback will be combined with other consumers' feedback in a report that helps services to identify what it is they do well and what they could do better. Services will then use these reports to identify areas where they can improve their service.

7. Are there other ways I can provide my feedback about services?

The YES PHN survey provides anonymous feedback to services. If you need to lodge a complaint, raise a specific issue, or want feedback on your concerns, you should consider discussing this directly with staff or management at the service.

APPENDIX B: THE YES PHN SURVEY

Your Experience of Service Primary Health Network (YES PHN) Survey

Your feedback is important. This questionnaire was developed with service consumers. It aims to help providers and consumers to work together to build better services. Completion of the survey is voluntary. All information collected in this survey is anonymous. None of the information collected will be used to identify you. It would be helpful if you could answer all questions, but please leave any question blank if you don't want to answer it. You should read the Participant Information Form before deciding if you want to complete this survey.

Please put a cross in just one box for each question, like this . . .

| | | | | | |
|---|---|---|---|---|---|
| ○ | X | ○ | ○ | ○ | ○ |
| 1 | 2 | 3 | 4 | 5 | 5 |

These questions ask **how often** we did the following things . . .

| <i>Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas? (Check one response for each question)</i> | Never | Rarely | Sometimes | Usually | Always | Not applicable |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| 1. You felt welcome using this service | ○ ₁ | ○ ₂ | ○ ₃ | ○ ₄ | ○ ₅ | |
| 2. You felt safe using this service | ○ ₁ | ○ ₂ | ○ ₃ | ○ ₄ | ○ ₅ | |
| 3. You had access to this service when you needed | ○ ₁ | ○ ₂ | ○ ₃ | ○ ₄ | ○ ₅ | |
| 4. You had opportunities for your family and friends to be involved in your support or care if you wanted | ○ ₁ | ○ ₂ | ○ ₃ | ○ ₄ | ○ ₅ | ○ ₉ |
| 5. Staff were able to provide information or advice to help you manage your physical health if you wanted | ○ ₁ | ○ ₂ | ○ ₃ | ○ ₄ | ○ ₅ | |
| 6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.) | ○ ₁ | ○ ₂ | ○ ₃ | ○ ₄ | ○ ₅ | |
| 7. This service listened to and followed up on feedback or complaints | ○ ₁ | ○ ₂ | ○ ₃ | ○ ₄ | ○ ₅ | |
| 8. The service respected your right to make decisions | ○ ₁ | ○ ₂ | ○ ₃ | ○ ₄ | ○ ₅ | |
| 9. The support or care available met your needs | ○ ₁ | ○ ₂ | ○ ₃ | ○ ₄ | ○ ₅ | |

These questions ask **how well** we did the following things . . .

| <i>Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas? (Check one response for each question)</i> | Poor | Fair | Good | Very Good | Excellent | Not applicable |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| 10. Access to a peer worker/ lived experience worker, if you wanted | ○ ₁ | ○ ₂ | ○ ₃ | ○ ₄ | ○ ₅ | ○ ₉ |
| 11. Information available to you about this service (such as how the service works, your rights and responsibilities, how to give feedback, etc.) | ○ ₁ | ○ ₂ | ○ ₃ | ○ ₄ | ○ ₅ | |
| 12. Development of a plan with you that considered all of your needs (including support, coordination and follow up) | ○ ₁ | ○ ₂ | ○ ₃ | ○ ₄ | ○ ₅ | ○ ₉ |

Your Experience of Service PHN Survey

As a result of your experience with the service in the last 3 months or less please rate the following...

(Check one response for each question)

| | Poor | Fair | Good | Very Good | Excellent |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 13. The effect of this service on your hopefulness for the future | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| 14. The effect of this service on your skills and strategies to look after your own health and wellbeing | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| 15. The effect of this service on your ability to manage your day to day life | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| 16. Overall, how would you rate your experience with this service in the last 3 months? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

17. My experience would have been better if . . . (write in)

18. The best things about this service were . . . (write in)

Demographic questions

The information in this section helps us to know if we are missing out on feedback from some groups of people. It also tells us if some groups of people have a better or worse experience than others. Knowing this helps us focus our efforts to improve services. No information collected in this section will be used to identify you.

| | | | | | |
|---|--|---|---|--|---|
| 19. What is your gender identity? | <input type="checkbox"/> 1 Male | <input type="checkbox"/> 2 Female | <input type="checkbox"/> 3 Other _____ | | |
| 20. What is the main language you speak at home? | <input type="checkbox"/> 1 English | <input type="checkbox"/> 2 Other _____ | | | |
| 21. Are you of Aboriginal or Torres Strait Island origin? | <input type="checkbox"/> 1 No | <input type="checkbox"/> 3 Yes – Torres Strait Islander | <input type="checkbox"/> 2 Yes - Aboriginal | <input type="checkbox"/> 4 Yes – Aboriginal and Torres Strait Islander | |
| 22. What is your age? | <input type="checkbox"/> 1 Under 18 years | <input type="checkbox"/> 3 25 to 44 years | <input type="checkbox"/> 5 65 years and over | <input type="checkbox"/> 2 18 to 24 years | <input type="checkbox"/> 4 45 to 64 years |
| 23. How long have you been receiving support or care from this service? | <input type="checkbox"/> 1 1 day to 2 weeks | <input type="checkbox"/> 3 1 to 3 months | <input type="checkbox"/> 5 More than 6 months | <input type="checkbox"/> 2 3 to 4 weeks | <input type="checkbox"/> 4 4 to 6 months |
| 24. Who referred you to this service? | <input type="checkbox"/> 1 Family doctor/ GP | <input type="checkbox"/> 3 Another health professional | <input type="checkbox"/> 5 Other, please write in _____ | <input type="checkbox"/> 2 Nurse | <input type="checkbox"/> 4 Myself |
| 25. How involved were you in choosing this service? | <input type="checkbox"/> 1 Not at all involved | <input type="checkbox"/> 2 A little involved | <input type="checkbox"/> 3 Fully involved | | |
| 26. Did someone help you complete this survey? | <input type="checkbox"/> 1 No | <input type="checkbox"/> 3 Yes – someone from the service | | <input type="checkbox"/> 2 Yes - family or friend | <input type="checkbox"/> 4 Yes - someone else |

Thank you for your time completing this survey. Remember, if anything in this survey has upset you, you can talk to your local doctor, mental health worker or call Lifeline on 13 11 14.